



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care VA SSVF Adult Enrollment Form

Program Name: _____ Case Worker/Intake Person: _____ Program Start Date: _____

CLIENT ENROLLMENT

Separate client enrollments should be completed for each client who is **over** the age of 17 or the Head of Household. This form should be used for all VA SSVF funded programs. **Separate client enrollments must be completed for children as well, but please be sure to use the Standard HMIS Child Client Enrollment form.**

1) Client Name

First

Last

Relationship to Head of Household

- ☐ Self (Head of Household)
☐ Head of Households child
☐ Head of Households Spouse or Partner
☐ Head of Household's – other relation to member
☐ Other: non-relation member

2) Date of Program Enrollment

The date the client started being helped by the project (program); also called the project start date.

		/			/			
Month			Day			Year		

3) Housing Move-In Date [Head of Household only]

(Required for Permanent Housing Projects)

This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date.

		/			/			
Month			Day			Year		

PRIOR LIVING SITUATION – ANSWER ONLY ONE FULL SECTION: A or B or C [Head of Household and Adults only]

Client Name _____

Head of Household Name (if not Self) _____

Type of Residence A – <u>Homeless Living Situations</u> <i>What was the client's living situation the night before enrolling in the project?</i> <i>Ask the client "where did you stay or sleep last night"?</i>	☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter. ☐ Safe Haven	
Length of Stay in Prior Living Situation	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Approximate date <u>this episode of homelessness</u> started: <i>When was the date the current homeless situation began?</i> <i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i>	[][]/[][]/[][][][]	
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

Type of Residence <u>B – Institutional Living Situations</u> <i>What was the client's living situation the night before enrolling in the project?</i> <i>Ask the client "where did you stay or sleep last night"?</i>	☐ Foster care home or foster care group home ☐ Hospital or other residential non—psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center											
Length of Stay in Prior Living Situation	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected										
Was the length of stay less than 90 days? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	☐ Yes ☐ No											
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation? <i>If the response is "No," STOP here and skip down to the Disability section.</i> <i>If the response is "Yes," please answer the following questions below:</i>	☐ Yes ☐ No											
Approximate date <u>this episode</u> of homelessness started: <i>When was the date the current homeless situation began?</i> <i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/					
		/			/							

Client Name _____

Head of Household Name (if not Self) _____

Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Type of Residence <u>C – Transitional OR Permanent Housing Living Situations</u> <i>What was the client's living situation the night before enrolling in the project?</i> <i>Ask the client "where did you stay or sleep last night"?</i>	<u>Temporary Housing Situations</u> ☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house	<u>Other</u> ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i>	☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit ☐ Rental by client, with other ongoing housing subsidy	

Client Name _____

Head of Household Name (if not Self) _____

	☐ Emergency Housing Voucher (EHV) ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ Other permanent housing dedicated for formerly homeless persons	
Length of Stay in Prior Living Situation	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Was the length of stay less than 7 nights? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	☐ Yes ☐ No	
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement? <i>If the response is "No," STOP here and skip down to the Disability section.</i> <i>If the response is "Yes," please answer the following questions below:</i>	☐ Yes ☐ No	
Approximate date <u>this episode</u> of homelessness started: <i>When was the date the current homeless situation began?</i> <i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i>	/ /	

Client Name _____

Head of Household Name (if not Self) _____

Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		
1) Does the client currently have a disabling condition? <i>A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</i> <i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i>	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
DOMESTIC VIOLENCE [Head of Household and Adults only]		

1) Survivor of Domestic Violence

Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"

If the answer is "no", skip to the "Monthly Income – Cash Benefits" section.

If the answer is "yes", COMPLETE questions 2 and 3.

- ☐ Yes
☐ No
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data Not Collected

2) Most Recent Occurrence

Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"

- ☐ Within the past three months
☐ Three to six months ago (excluding six months exactly)
☐ Six months to one year ago (excluding one year exactly)
☐ One year ago or more

Client Name _____

Head of Household Name (if not Self) _____

	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
3) Current Status <i>Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"</i>	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source? <i>Is the client currently receiving any income from any source?</i> Specify the type(s) and amount(s) of income the client currently receives. <i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i> <i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i>	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
	☐ Earned Income \$ _____ ☐ Unemployment Insurance \$ _____ ☐ Supplemental Security Income SSI \$ _____ ☐ Social Security Disability Insurance SSDI \$ _____ ☐ VA Service-Connected Disability Pension \$ _____ ☐ VA Non-service connect disability pension \$ _____ ☐ Private Disability Insurance \$ _____ ☐ Worker's Compensation \$ _____ ☐ Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ ☐ General Assistance (GA) \$ _____ ☐ Retirement income from Social Security \$ _____ ☐ Pension or Retirement Income from a Former Job \$ _____ ☐ Child Support \$ _____ ☐ Alimony and Other Spousal Support \$ _____ ☐ Other Cash Income \$ _____

Client Name _____

Head of Household Name (if not Self) _____

Total Monthly Cash Income for Individual	If Other Specify: _____
	TOTAL: \$ _____

NON-CASH BENEFITS [Head of Household and Adults only]

Currently receiving Non-Cash Benefits?

Is the client currently receiving one of the non-cash benefits listed below?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

☐ Data Not Collected

If Yes, indicate all the non-cash benefits the client is receiving:

Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.

DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.

- ☐ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF/CALWORKS Childcare Services
- ☐ TANF/CALWORKS Transportation Services
- ☐ Other TANF/CALWORKS-Funded Services
- ☐ Other Non-Cash Benefit

If Other Specify: _____

HEALTH INSURANCE

Currently covered by health insurance?

Is the client currently covered by health insurance?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

☐ Data Not Collected

If Yes, type(s) of insurance(s):

If the client is currently covered by multiple health insurances please select all that apply.

- ☐ Medicaid (same as Medi-Cal)
- ☐ Medicare
- ☐ State Children's Health Insurance (CHIP) Program
- ☐ Veteran's Health Administration (VHA)
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance Obtained Through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program

Client Name _____

Head of Household Name (if not Self) _____

☐ Other Health Insurance

If Other Specify: _____

SSVF HP TARGETING CRITERIA: [Head of Household in SSVF Homeless Prevention programs only]

1) Is Homelessness Prevention Targeting Screener required?

☐ No☐ Yes**If the answer is "No," SKIP down to VAMC Station Number. If "YES" To Homelessness Prevention Targeting Screener Required, COMPLETE the following required questions:**

2) Housing loss expected within...

☐ 1-6 days☐ 14-21 days☐ 7-13 days☐ More than 21 days

3) Current household income

☐ \$0 (i.e., not employed, not receiving cash benefits, no other current income)☐ 1-14% of Area Median Income (AMI) for household size☐ 15-30% of AMI for household size☐ More than 30% of AMI for household size

4) Past experience of homelessness (street/shelter/transitional housing) (any adult)

☐ Most recent episode occurred within the last year☐ Most recent episode occurred more than one year ago☐ None

5) Head of Household is not a current leaseholder/renter of unit

☐ Yes☐ No

6) Head of Household has never been a leaseholder/renter of unit

☐ Yes☐ No

7) Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)

☐ Yes☐ No

8) Rental Evictions within the past 7 years (any adult)

☐ No prior rental evictions☐ 1 prior rental eviction☐ 2 or more prior rental evictions

9) Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)

☐ Yes☐ No

Client Name _____

Head of Household Name (if not Self) _____

10) Incarcerated as an adult (any adult in household)	☐ Not incarcerated ☐ Incarcerated once ☐ Incarcerated two or more times								
11) Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	☐ Yes ☐ No								
12) Registered sex offenders (any household members)	☐ Yes ☐ No								
13) Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	☐ Yes ☐ No								
14) Currently pregnant (any household member)	☐ Yes ☐ No								
15) Single parent/guardian household with minor child(ren)	☐ Yes ☐ No								
16) Household includes one or more young children (age six or under), or a child who requires significant care	☐ No ☐ Youngest child is under 1 year old ☐ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care								
17) Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	☐ Yes ☐ No								
18) Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC	☐ Yes ☐ No								
HP APPLICANT TOTAL POINTS (integer) _____									
GRANTEE TARGETING THRESHOLD SCORE (integer) _____									
VAMC Station Number <i>[Head of Household only]</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
Connection with SOAR <i>[Head of Household and Adults only]</i>	☐ No ☐ Yes								

Client Name _____

Head of Household Name (if not Self) _____

	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Household Income as a Percentage of AMI <i>[Head of Household only]</i>	☐ 30% or less ☐ 31% - 50% ☐ 51% to 80% ☐ 81% or greater	
Last Grade Completed <i>[Head of Household and Adults only]</i>	☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12/High school diploma ☐ School program does not have grade levels ☐ GED	☐ Some college ☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
EMPLOYMENT STATUS [Head of Household and Adults only]		
Employed?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
If "Yes" for employed – Type of employment	☐ Full-time ☐ Part-time ☐ Seasonal/sporadic (including day labor)	
If "No" for employed – Why not employed	☐ Looking for work ☐ Unable to work ☐ Not looking for work	
Additional Information [Head of Household and Adults only]		
Mental Health Consultation	☐ Mental health consultation completed ☐ Mental health consultation being coordinated/arranged with VA provider ☐ Mental health consultation being coordinated/arranged with other provider ☐ Offer declined	

Client Name _____

Head of Household Name (if not Self) _____

What is the client's sex?	☐ Female ☐ Male ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
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Client Name _____

Head of Household Name (if not Self) _____